



LBNL Laser Safety Program, Laser Safety by a cooperative effort

## Temporary Work Authorization

Work as described below may be performed during the stated period after all required concurrences and authorizations have been obtained.

**Effective date:** 12/5/2011

**Expiration Date:** 12/12/2011

**Work Location:** JCAP

**Room:** 125

*Maximum duration: two weeks*

**Work Scope** (describe work including permitted and prohibited activities, boundaries and "stop points" as appropriate):

**Instillation, set up and alignment of Laser Scanning Confocal Microscope**

**Controls required** I am issuing TWA as Laser Safety Officer for LBNL per ANSI Z136.1 Safe Use of Laser, the LBNL Work Smart Standard and Pub 3000, chapter 16. My hazard evaluation conclusion is that engineering and temporary administrative controls listed below are sufficient to mitigate the laser hazard:

No unattended open beam work is allowed

Window on door is to be covered during any open beam laser work

Door to room is to be posted with Notice Service in Progress sign

Vendor is to confirm they have received their corporate laser safety training

Anyone in the room is to wear laser protective eyewear if open beams are present (visible wavelengths output above 15 mw, invisible beams with output above 200uW)

The user is responsible for the safety of anyone entering the curtained off area

Access to the room is by card key

**This document will be posted during the duration of its application**

**Personnel included in this authorization** (signature denotes verification that training in the provisions of this Temporary Work Authorization has been provided)

**Work Leader** \_\_\_\_\_  
Name Signature Date  
(Work Leader is responsible for assuring that all required training, including job- and task-specific training, is provided prior to beginning work)

**Users:**

Name	Signature	Date

### Concurrences and Work Authorization

**Principal Investigator Concurrence** \_\_\_\_\_  
Name Signature Date

**EH&S Concurrence** \_\_\_\_\_  
Ken Barat, LSO Signature 12/5/11 Date

**Work Authorization** \_\_\_\_\_  
Division Director Signature

Completed form (all required signatures) is to be mailed to Ken Barat, MS 71-259 once work is completed